JC525	
≣ੁ⊂	Plea
ω	Under t

PTO/SB/05 (03-01)

Pase type a plus sign (+) inside this box

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

The Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

UTILITY PATENT APPLICATION **TRANSMITTAL**

Attorney Docket No. Johnson First Inventor Method and System for Consumer Healthcare Decisionmaking

(Only for new nonprovisional applications under 37 CFR 1.53(b)))) E	Express Mail Label No. EF093133231US					
	ATION ELEMENTS		ADE			nt Commis	sioner for Patents	
1. Fee Transmittal (Submit an original and 2. XX Applicant claims See 37 CFR 1.27 Specification (preferred arrangeme - Descriptive title - Cross Referen - Statement Rec - Reference to s or a computer - Background o - Brief Summan - Brief Descripti - Detailed Descripti - Detailed Descripti - Abstract of the 4. X Drawing(s) (35 to 5. Oath or Declaration	[Total Pages 28] and set forth below) be of the invention ce to Related Applications garding Fed sponsored R & D equence listing, a table, program listing appendix f the Invention y of the Invention on of the Drawings (if filed) ription	nts.	7	CD-ROM or CD Computer Progression applicable, all necession Computer Real Specification Sequesis. CD-RO i i. paper Statements ve	Washir -R in du ram (Ap no Acid ssary) adable F ence Lis DM or Cl erifying i IG AP upers (co) Stater an assig ation Do sclosure	ngton, DC uplicate, la uppendix) Sequence Form (CRF sting on: D-R (2 cop identity of: PPLICAT over sheet ment ignee) ocument (i	ge table or Submission) ples); or above copies ION PARTS & document(s)) Power of Attorney	
b. Copy from a for continuation of the form of the for		supply	the requ	Preliminary Ar Return Receip (Should be specified Copy (if foreign prior Nonpublication (b)(2)(B)(i). Ap or its equivaler Other: Che	nendme t Postca coifically of Prior ity is cla n Reque plicant i nt. CK ful low and	ent ard (MPEF y itemized) rity Docum aimed) est under 3 must attac OC \$35	nent(s) 5 U.S.C. 122 h form PTO/SB/35 5 • 00	
Prior application information Examiner Group Art Unit For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.								
19. CORRESPONDENCE ADDRESS								
Customer Number or Bar Code Label (issert Customer No. or Attach bar code label here) or X Correspondence address below								
Name	Ann Mond Johnson							
	543 Monroe Ave.							
Address								
City	River Forest State IL Zip Code 60305					60305		
Country		Teleph		708–366–86	·	Zip Code Fax	00303	
Name (Print/Type)	Ann Mond Johnson							
	regionation vo. (rittorney) agenty							
Signature	an Mand Johnson 100	L			Da	ate 🕻 1	-31-01	

Burden Hour Statement. This form is estimated to take 0/2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO. Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.